FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION (See instructions)					
								Office use only
1. NAM COM	IE OF IMITTEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4I	M5
LLALA	BAMA P	OWER C	O EMPLO	YEES FEDER	AL POLIT	ICAL ACTION CM	TE (APC EN	IPLOYEES
لللا	ш				шш			
ADDRES:	S (number ar	d street)	600 N	ORTH 18TH	STREET			
(Ch	neck if addre	ss	РО В	ox 2641				
is c	changed)		Birmi	ingham 	шш		ĄL	35291 - 0680
					CITY		STATE	ZIP CODE 📥
COMMIT	TEE'S E-M	AIL ADDR	,	provide only one		ess)		
,	neck if addre hanged)	ss	jbbis	hop@southe	nco.com			
					шш			
(Ch	TEE'S WE neck if addre changed)		DDRESS (UF	RL)				
2. DAT	E M0	м 3	24 Y	2009 <sup>Y</sup>				
3. <b>FEC</b>	IDENTIFIC	ATION N	JMBER		C COO	0077305		
4. IS TH	HIS STATE	MENT	NEW	(N) OR	X	AMENDED (A)		
I certify tha	ıt I have exa	mined this S	Statement and	to the best of my I	knowledge ar	nd belief it is true, correct	and complete	
Type or P	rint Name o	of Treasure	er <b>N</b>	Irs. Joanna B	ishop			
Signature	of Treasur	er El <u>ect</u>	ronically Filed	d by Mrs. Jo	anna Bisł	пор	Date	03 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Sub	bmission of	false, erron				he person signing this S		penalties of 2 U.S.C. S437g.
	Office Use Only					For further information Federal Election Community Toll Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2009)